CDC Information Council
Meeting Minutes
May 2, 2002, 3:00p.m.-4:30p.m.
Roybal Campus, Bldg. 16, Room 5126

CDC Information Council met on May 2, 2002, Roybal Campus, Building 16, Room 5126, at 3:00p.m. Janet Collins and John Loonsk co-chaired the meeting.

Updates: (Janet Collins and John Loonsk)

- **Meeting with CTOC**

Janet Collins gave a summary of an informal CIC/CTOC interim meeting. CTOC members provided background issues. Some of these issues interface policy and technical issues, which can not be separated. The primary issue is one of communication. The present method of communication involves the following:

1. CTOC members report issues to their CIO CIC representative. CIC representatives are asked to seek technical advice from their CTOC representative.
2. CTOC can submit agenda items through the Executive Secretariat.
3. CICEC will prioritize the issues for the CIC agenda.

It was also discussed that the CTOC co-chairs have the ability to speak at CIC. The co-chairs can interact to enhance communications.

Another issue involved a concern over the way in which CIC sets up work groups. There was some concern expressed that CIC is setting up work groups which are involved with technical issues. It was agreed that CIC would be more sensitive to technical issues as they relate to work groups being assigned to CTOC.

CTOC recommends that the IT Governance structure be reviewed every year; however the present policy is not being changed.

- **Web Redesign Advisory Group**

John Loonsk discussed that there would be products coming to the CIC from the Web Redesign project. He explained that several of the threads are beginning and that each thread has at least two points, which will come to CIC. The major deliverables will be early in the process in an attempt to get good feedback. These will be put on an intranet site as well as going to CTOC and CIO directors. The smaller deliverables will go to the advisory group.

Bob Pinner commented that there are four groups making decisions. These consist of the contractor, IRMO as contract manager, the CIC advisory group and CIC. It

will be important to make sure that the decision points get determined at the right group. He asked CIC to think about the following two things: 1) Knowing what the tools can do and 2) Policies about how to use the tools.

John Loonsk commented that he presented the Web Redesign project to CTOC and that there would be more engagement with CTOC in the future.

Charles Rothwell asked, "What can CIC members do to prepare for issues that will come to them."

John Loonsk indicated that a schedule or email would be sent out with major deliverables and dates of these deliverables.

- **Reminder: NEDSS Stakeholder's meeting**

Claire Broome announced the upcoming NEDSS stakeholder meeting dates of May 7- 10, 2002. Over 400 people have pre-registered. Gianfranco Pezzino will be giving a plenary talk.

Agenda Item #1: BT Functions and Specifications in External Enterprise Standards

After the second review and acceptance of these Functions and Specifications for BT at the February CIC meeting, David Fleming suggested that CIO's go back and look at these functions and specifications in the context of considering their application to the external architecture as more general functions and specifications.

David Fleming suggested that it might be helpful to divide this discussion into a couple of pieces: 1) whether or not we have consensus on the notion that independent of the content that CDC should move towards establishing a set of functions and specifications for external enterprise standards that operated across all of CDC. For example, instead of having a set of standards that apply only to the BT dollars that went out because as those applications come back we are seeing those dollars being invested in base information technology issues. Should we move this forward and say it is our organization's goal, with our partners at the state and local level, to develop a set of standards that would apply across the different programs at the CDC so that funding that goes out from CDC in cooperative agreement independent of their origin here would have a common set of standards that needed to be met for information technology. 2) Do we have them right or do they need to be modified or expanded because they were not developed with this larger scope in mind? 3) Then we can talk about a process for making that happen. We did not want to jump to #2 and #3 without discussion of the first issue.

Specific proposal that is on the table is to set a goal that working with our state and local partners to develop a set of information technology standards that we could apply across all of the different programs at CDC as opposed to just the BT.

Discussion:

Bob Pinner asked what David thought that might mean for the different programs. In other words, it means that when they build IT applications they'll use those standards?

David commented that some issues pertain to internal ways of doing business but what we are talking about is really the way that we do business with external partners (the ways that we communicate with our state and local partners, primarily). For example, if we are asking for information (data through NEDSS) to be sent to us from a state health department, independent of whether the data is BT or from a chronic disease program or environmental health, that we should establish a set of standards so that as dollars are invested here at CDC or at the state level to enable the transmission that we are not building different systems to send different sets of information but rather to really force us to co-invest in the same system to the extent that this is appropriate.

Jim Buehler asked how this is different, similar or interfaces with the NEDSS activity.

David Fleming said simply what we are talking about is the information technology backbone of a communications system that connects CDC with state and local partners. That system has to have different functionalities, one of those functionalities that would be most closely aligned with NEDSS would be using that system for the transfer of data. A second functionality would be for the delivery of health alerts, for bioterrorism or for a case of measles, or a new environmental toxin. A third functionality would be, more along the lines of what Epi-X has been working on , the ability to put secure information (or information that we don't want to broadcast widely) in a place so that select people at the state and local level can have access to it. A fourth functionality would be for routine communication, email but in the context of having a living directory of personnel that is updated so that if you want to send out a notice to a the chronic disease program directors about a new grant announcement then one can easily do that. So it is the information technology backbone that supports these different functionalities and the investments that we need to make here at the CDC and at the state and local level to support that core system.

John Loonsk added that there is an importance of data specifications inside of the core backbone and trying to establish an interface between clinical care and public health, this is within the NEDSS scope, but a very critical piece and to try to make this a common target so we can broadly in public health take advantage of electronic laboratory results and clinical data. This is the area that clinical information systems have not done very well and we don't have electronic patient records but we have a real opportunity here.

David Fleming mentioned that NCVHS and others have done a lot of work to try to articulate the need for developing those standards at that clinical interface for the electronic record. This is a real opportunity for CDC to take a leadership role to make that happen. If we can say as an agency that we are taking this approach then it is a lot more likely that we can drive the process setting what those standards need to be at the clinical level because we can go to them as the nation's public health agency that is committed to developing a common set of standards.

Claire Broome added that the clinical interface is the easiest place to understand the "What's in it for me?" because we are starting to see in some of the pilots who public health does better by taking this kind of electronic based standards approach. For example, we are now getting information from MN that they are processing 25,000 electronic lab results going to 16 different programs and OR is getting from an emergency department electronic records and finding that previously they only were getting 10% of the PID cases before electronic record transfer. We are starting to be able to show the benefits and we won't find these benefits if we don't have a coherent standards-based approach for public health.

Gianfranco Pezzino commented that CSTE has always supported enterprise wide standards when CDC interfaces with state programs and they will continue to support the concept. They only two concerns are that we need to be sure that when we adopt the standard we need to apply similar functions. For example, the use of high level encryption is certainly recommended for data transfers from states to CDC for cancer registries or infectious disease reports but possibly the same level of encryption wouldn't be required for environmental samples. So we need to be sure we apply same standards to similar functions. Second concern would be that they support user standards but probably would be a little more cautious in the adoption of specific applications to care out certain functions. If this means the number of options will be reduced when it comes to a state selecting what software to implement then we will need to have more discussion. I have not seen an example of that yet but I did hear concerns from some CSTE members that the standards don't mean they can't buy certain software.

Steve Hinrichs, APHL, asked, "How do these issues exceed what is being talked about with NEDSS standards?", since we are already working under all of the NEDSS standards and I think we are making great progress.

David Fleming explained that these are areas with laboratory results such as environmental health and newborn metabolic screening, where NEDSS may not have made an impact. He also explained that the partners would experience the same standards for all programs at CDC.

Steve added that the main point from APHL is that a lot of progress is being made and a lot of these areas have been scoped out quite well. We are very pleased with the amount of progress that has been made and the number of people that are talking to us and using the word standards is markedly increased just within the last two

years. I feel we are making a great deal of progress and the concept is out there and being well accepted. CDC has a lot to do with that and should take credit for that. Jeanne Gilliland commented that she knew of a couple of systems, which would not meet these standards such as an executable editing program that is very much in use and requested from grantees. She indicated a need for guidance when the standards are being implemented. She will provide a couple of examples via email to John and David for guidance.

Tonya Martin agreed and indicated NCHSTP's comments were presented as the challenges associated with implementation of these standards from a state perspective.

Bob Pinner commented that CIC should think about how to get more specific with the standards. For example, how would this be implemented, what would the oversight be, what kind of technical assistance would be available to help CIOs or partners meet those requirements. It might be pretty easy to get consensus on a resolution. There is some texture even to the first of how you implement it.

David Fleming summarized that the CIC unanimously believes this is an important direction for CDC to be moving. CIC has decided to develop a set of functions and specifications that will serve as external enterprise-wide standards.

John Loonsk said that with the commitment of developing these standards comes the commitment to participating in standards development organization in a regularized way. He also indicated a need for a strategy to identify the standards and to put out pieces of software that can facilitate people getting to those standards, for example, it is something to move pieces of data from one place to another, we target the standard but make it accessible both to CIOs and partners by putting software out there that meet the specifications that can be used in other systems to achieve that. It is not just about software but also about support and training.

Bob Pinner explained that he felt there are the following three parts:

1. Defining the standards and specifications
2. The process to update and maintain the standards
3. Implementation and support of the standards

Jim Buehler commented that there are differences in opinions and questions of scope, applicability of different technology, availability, specificity, and stability of standards, etc. and this is an indicator of how difficult this is going to be. He suggests a subgroup to deal with these issues at a policy level.

Claire Broome commented that a group should be charged to identify policy issues and to move ahead with extension, modification and evolution of the standards.

Denise Koo explained that the EPO comments were focused on how to make these standards implementable.

Bob Pinner suggested that since we are into policy making for the agency some clear documentation of what the issues are, what the issues are, why these decisions were made, what the references are is needed.

David Fleming said something needs to go out to all parts of CDC that says here is our first draft. The longer that we wait to do that the harder it will be to get it out at all. He suggested one priority will be to take existing set of standards and get it to a point that it is an appropriate starting point for the agency as a whole. We would say CIC has made this decision and here is the starting point that we want everybody at CDC to be at. The document should be evaluated in that context in some quick way because it wasn't really created for that. Is there some way to do that offline shooting to get approval at the next meeting?

Bob Pinner suggested that a small group might be able to do.

Denise Koo wants to say that this is the process for getting input. Not that it should take another year but so that people know that we are inviting participation.

David Fleming suggested a small group to get this document into a place that it can be released more broadly as a draft so that people can comment.. Then we could say here is the decision and the draft document and if you have comments speak now.

Claire Broome said that people should see this as a living document.

David Fleming feels strongly that everyone at CDC see that this is not a concept but that this is a policy would be an important step.

It was suggested by several people that a group get together and edit the existing document so that it can be sent out as a draft for further discussion.

John Loonsk asked for clarity of the scope of the working group as to scope of the standards and supporting materials versus the standards themselves and a consensus process on technical standards.

Bob Pinner said he thought the work of the group would be mostly John's first point but not to preclude the second issue completely.

David Fleming is worried about spending too much time talking in the abstract and suggests to push the process is to present the specifics of existing standards and some background documentation for comment to all of CDC by next month.

Janet Collins suggested John Loonsk should be co-chair of this group and she asked for volunteers. Tonya Martin volunteered. David Fleming propsed that Bob Pinner and Denise Koo be group members, as well. Jaspal Sagoo will provide a CTOC representative.

Agenda Item #2: Proposed CDC Standard Development Organization (SDO) Representation Process

Steve Steindel presented a summary and proposal of how Standard Development Organization Representation could be better focused and organized. In July 2001, a report was presented to the CIC, which described the nature of the present activity between CDC and Standard Development Organizations (SDO's) and related committees. Recommendations were made at that time. Steve presented a proposal that provides specific plan for how CDC will coordinate our activities with SDO's and related communities.

The latest report recommended that the CIC form an internal standing workgroup charged with oversight of the process. This group should be small (3-5) members and be empowered to make operational decisions independent of the full CIC in areas designated as appropriate. It is suggested that this group will report to CIC on a yearly basis to have the operational guidelines reviewed. An important charge to this group would be to select groups that CDC actively associates with.

A newly formed group will coordinate the actual day-to-day activities of the SDO/committee interactions. The group will be a primary communication contact with the CIC workgroup, the rest of CDC and other federal agencies regarding CDC's activity with the SDO process and related standards activity. The process will involve full and part-time staff whose job descriptions will involve SDO/related committee representation. Additionally, volunteer staff, approved by the CIC, may be representatives or assist in specific activities. It is anticipated that technical contract help will be needed in some areas of expertise. Details of these positions can be found in the document, which Steve Steindel distributed.

Comments:
Bob Pinner asked if Steve got information about the differentials. Steve responded, "Yes and they were published."

Janet Collins asked for reactions to a CIC oversight workgroup.

Denise Koo asked about the analytic piece and expressed concern about representatives understanding CDC's policy for particular SDO's.

Steve Steindel stated that the person representing CDC should know, "What is CDC's broad position?"

Denise Koo asked, "What does OD think about a minimum of five FTE's?"
She commented that when the group comes up with a process for identifying the important standards, it may help with defining how many FTE's are needed and where they are needed.

John Loonsk commented that if there were staff for this project, there might not be a need for a CIC workgroup.

David Fleming indicated that he thought an individual would best do this if it were a specific job responsibility. He also asked CIC to comment on whether they thought staff was necessary.

Jim Buehler indicated that he thought there should be support staff.

Claire Broome felt that dedicated staff should be closely engaged with CIO's.

Jennifer Maddens expressed concern for a need to have continuity in representation. She also commented that the people representing these groups need support from their supervisors and CDC. She hopes that the CIC can express support to the CIO's.

Janet Collins commented that a draft statement, which reflects the views of CIC should be sent out.

Claire Broome added that in addition the document should lock down what it would take to move in and build in incentives for volunteers.

David Fleming stated a need for a specific proposal for the position. Steve Steindel will draft position descriptions.

Agenda Item # 3: CIC Agenda Items and Working Group Update
Due to time constraints this agenda item was not discussed. Janet Collins asked CIC members to review the present list and suggest items for future meetings.

Jeanne Gilliland proposed the idea of a reconstitution of an intranet workgroup. She distributed a proposal, which describes the areas of involvement for the workgroup.

Attendees:
Members/Alternates
Lee Annest (NCIPC)-envision
Claire Broome (OD)
Jim Buehler (NCHSTP)
Janet Collins (NCCDPHP)
Robin Conley (NIP)-envision
David Fleming (OD)
Jeanne Gilliland (NCCDPHP)
Denise Koo (EPO)
John Loonsk (IRMO)
Jennifer Madans (NCHS)-envision
Tonya Martin (NCHSTP)

Robert Pinner (NCID)

Charles Rothwell (NCHS)-envision
Jimmy Stephens (NIOSH)

Partners:
Seth Foldy (NACCHO)-phone
Steve Hinrichs (APHL)-envision
Dick Melton (ASTHO)-envision
Gianfranco Pezzino (CSTE)-envision

Others:
Laura Conn (IRMO)
Mike Donnelly (OD)
Lew Newlin (PHPPO)
Barbara Nichols (IRMO)
Mike Perry (ATSDR)-phone
Jaspal Sagoo (NCHSTP)
Steve Steindel (IRMO)
John Teeter (IRMO)